



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: B. Jaroenchonwanit
HIROYUKI FUJIYOSHI)	
	:	TC/Art Unit: 2141
Application No.: 09/516,112)	
	:	
Filed: March 1, 2000)	
,	:	
For: INFORMATION PROCESSING)	
SYSTEM AND METHOD	:	August 11, 2003 (Monday)
		DECEMED
Commissioner for Patents		RECEIVED
Mail Stop: Non-Fee Amendment		AUG 1 9 2003

P.O. Box 1450

Alexandria, VA 22313-1450

Technology Center 2100

AMENDMENT

Sir:

In response to the Office Action dated May 9, 2003, the Examiner is respectfully requested to amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 27.

> I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

> > August 11, 2003 (Date of Deposit)

Lock See Yu-Jahnes (Reg. No. 38,667)

(Name of Attorney for Applicant)

August 11, 2003 (Date of Signature)



In re Application of:

HIROYUKI FUJIYOSHI

Application No.: 09/516,112

Filed: March 1, 2000

For: INFORMATION PROCESSING APPARATUS,

SYSTEM AND METHOD

Docket No. 00862.0

2141' amost/18

Examiner: B. Jaroenchonwanit

TC/Art Unit: 2141

Date: August 11, 2003

RECEIVED COMMISSIONER FOR PATENTS

P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Technology Center 2100

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AUG 1 9 2003

Transmitted	herewith is an Ame	endment in t	the above-identified	d application.	410	
X No ad	ditional fee is requir	red.			7000 E	, 0
The fee has	been calculated as s	hown below	v		70 270	Mily Comment
		C	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 94	MINUS	** 94	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 8	MINUS	***	= 0	x \$42 \$84	0
Fee for Mu	Itiple Dependent cla	aims \$140°/	 '\$280	-		0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed	previously.
-	t office Statement Claiming Small Chitty Status is chelosed, if not fried	proviously.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Lock See / 11-19-11-12 Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

Form #120

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